

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R? None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Systems and Methods for Time
Dependent Data Storage and Recovery

Attorney Docket Number:: RVI-001

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Sheets:: 4

Total Drawing Sheets:: 12

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: T.

Family Name:: Rowan

Name Suffix::

City of Residence:: Amesbury
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 14 Estes Street
City of Mailing Address:: Amesbury
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kevin
Middle Name:: F.
Family Name:: Rodgers
Name Suffix::
City of Residence:: Derry
State or Province of Residence:: NH
Country of Residence:: US
Street of Mailing Address:: 2 Symphony Lane
City of Mailing Address:: Derry
State or Province of Mailing Address:: NH
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 03038

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | | | MM/DD/YY |
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | MM/DD/YY | |
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Assignee Information

Assignee Name:: Revivio, Inc.
City of Mailing Address:: 10 Maguire Road, Suite 320
State or Province of Mailing Address:: Lexington, MA 02421
Country of Mailing Address:: US